

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034249

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 100Primary Registration District No. 3018Registrar's No. 88

STATE FILE NUMBER

FILED OCT 10 1962

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salem</u>		c. CITY OR TOWN <u>Salem</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hart Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>503 E. Rolla St.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>SAMUEL WALTER MALONE</u>		4. DATE OF DEATH Month Day Year <u>October 2 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/12/78</u>
9. AGE (last birthday) <u>84</u>		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (ret.)</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>	
11c. BIRTHPLACE (City and state or country) <u>Phelps Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>M. Cage Malone</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Shoemate</u>	
14. NAME OF HUSBAND OR WIFE <u>Clema (deceased)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>3</u>		17. INFORMANT <u>E. J. Malone</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary vascular accident</u> DUE TO (b) <u>coronary sclerosis</u> DUE TO (c) <u>senility</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma urinary bladder</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>1945</u> to <u>10-2-62</u> and last saw him alive on <u>10-1-62</u> Death occurred at <u>12:50 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Jas. D. McInerney M.D.</u>	
22b. ADDRESS <u>Salem, Mo.</u>		22c. DATE SIGNED <u>10/4/62</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-4-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Morrison Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Dent County Missouri</u>
24. FUNERAL DIRECTOR <u>Max L. Warfel</u>		25. DATE RECD. BY LOCAL REG. <u>10/4/62</u>	26. REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D. by AM</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/5963316331

3

4 05 2

6

7 08 29331XH

10

11

12 1-213 1-0

OCT 11 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edward F. Broyles

Licensed Embalmer No. 4552

P. O. Address 125 Salem Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.